## DEPARTMENT OF WILDLIFE AND FISHERIES ATTN: SPORT LICENSE P.O. BOX 98000 BATON ROUGE, LOUISIANA 70898-9000 (225) 765-2887

## APPLICATION FOR DISABLED VETERANS HUNTING AND FISHING LICENSE

I do hereby certify that I meet all requirements as specified in R.S. 56:104.B.(2) which provides that veterans having a permanent service connected disability classification of fifty percent or more, and who are Louisiana residents shall, upon certification by the Louisiana Department of Veterans Affairs, not be required to pay fees to fish or hunt, but licenses to fish and hunt shall be issued to such classified veterans free or charge. I am aware that this state law does not provide exemption from the purchase of a federal waterfowl stamp (duck stamp) which is required to hunt duck or geese.

1.	NAME		
	STREET ADDRESS		
	CITY	STATE	ZIPCODE
	TELEPHONE NUMBER(	)	DATE OF BIRTH
			SOCIAL SECURITY#
	card must accompany this app	plication)	ense or valid Louisiana Identification 9-1-69 or later)
2.	I understand that this license expires June 30 of each year, and must be renewed.		
3. I understand that I must have resided in Louisiana continuously at least the past months.			a continuously at least the past twelve
			Signature of Applicant
	CI	ERTIFICAT	CION
	TIFY THAT THE ABOVE NAMPARISH VETERA	,	WHOSE FILE IS LOCATED AT N,
LOUI	SIANA IS PERC	ENT() P	ERMANENTLY SERVICE
CON	NECTED DISABLED AND IS A	RESIDENT OF T	THE STATE OF LOUISIANA.
	DATE	Signature	and Seal of Parish Service Officer